I certify (or declare) under penalty

and correct.

of perjury that the foregoing is true

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

Nº 0681

STATE DEPARTMENT OF HEALTH SFUND RECORDS CTR PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) 999000528 ALL AMERICAN OIL COMPANY Name (print or type):\_\_\_\_ Business Address: 8655 So. Main Street, Los Angeles 759-6145 Pick Up: \_ P.O. or Contract No. Telephone Number: ( 118 Order Placed By: State Liquid Waste Hauler's Registration No. (if applicable): Job No.: 7859 No. of Loads or Trips: Type of Process Unit No.: Waste Coolant Water which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No. ☑vacuum truck /<u>//</u>barrels, □flatbed, □other \_ Vehicle: wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal facility named below and was accepted. DESCRIPTION OF WASTE (Must be filled by producer) I certify (or declare) under penalty Check type of wastes: of perjury that the foregoing is true 1. Acid solution 8. Tank bottom sediment and correct. 2. Alkaline solution 9. 🗆 011 Signature of authorized agent and title 3. Pesticides 10. Drilling mud DISPOSER OF WASTE (Must be filled by disposer) 4. Paint sludge 11. Contaminated soil and sand Name (print or type): Operating Industries 2725 Garfield Blv. Monterey Forte. 5. Solvent 12. Cannery waste 6. Tetraethyl lead sludge 13. | Latex waste 7. Chemical toilet westes 14. | Mud and water 15. D Brine The hauler above delivered the described waste to this disposal facility and Other (Specify) it was an acceptable material under the terms of RNQCB requirements. State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable):\_\_\_\_\_\_ State fee (if any):\_\_\_\_\_ (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper LOWET Handling Method(s): organics (list), cyanide) recovery treatment (specify): (Examples: incineration, neutralisation, precipitation)-Code No. disposal (specify): pond spreading landfill injection well other (specify): If waste is held for disposal elsewhere specify final location: \_\_\_ Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. Hazardous Properties of Waste: Signature of authorized agent and title Corrosive Ttoxic ∏flammable | explosive none The site operator shall submit a legible copy of each completed Record to the - barrels Bulk Volume: State Department of Health with monthly fee reports. (42 gal) (specify) Containers: other (specify) Daolid Diquid Isludge Physical State: Special Handling Instructions (if any):\_ **4029623** The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

Signature of authorised agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.